

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

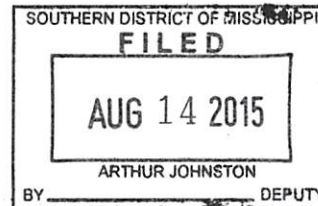
IN THE UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

Challenging Conditions of Confinement COMPLAINT

Freeman 104446
(Last Name) (Identification Number)Roderich
(First Name) (Middle Name)East Mississippi Correctional Facility
(Institution)333 West 3rd Street, Holly Springs, MS 38635
(Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)



v.

East Mississippi Correctional Facility

Warden Holmans, N

c/o FNU McConnell

c/o FNU Hunt

(Enter above the full name of the defendant or defendants in this action)

CIVIL ACTION NUMBER:

3:15cv589-DPJ-FKB

(to be completed by the Court)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: _____
 - Court (if federal court, name the district; if state court, name the county): _____
 - Docket Number: _____
 - Name of judge to whom case was assigned: _____
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): _____

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Roderick Freeman Prisoner Number: 104446
 Address: [REDACTED] 933 West Street, Holly
Springs, Ms, 38635

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: FNU McConnell is employed as
Correctional Officer at East Mississippi
Correctional Facility 10641 Hwy 80 west Meridian, Ms 39307

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: FNU Hunt ADDRESS: 10641 Hwy 80 west Meridian Ms
Correctional Officer 39307

DEFENDANT(S):

NAME: N. Hoggans ADDRESS: 10641 Hwy 80 west Meridian Ms
Warden 39307
East Mississippi Correctional 10641 Hwy 80 west Meridian, Ms
facility 39307

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (☒) No (☐)

B. Are you presently incarcerated for a parole or probation violation?

Yes (☐) No (☒)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No (☐)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No (☐)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (☒) No (☐), if so, state the results of the procedure: See exhibit A-B-C

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes (☐) No (☐)

2. State how your claims were presented (written request, verbal request, request for forms): _____

3. State the date your claims were presented: _____

4. State the result of the procedure: _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

March 4th 2015 Correctional Officer (FNU) McConnell, after a verbal altercation had hired (3) inmates to assault me, in which she threaten minutes before the assault saying I'm gone show you that lead to me being hospitalized for several days. During the physical altercation Correctional Officer (FNU) Hunt refuse to get me medical attention after witnessing my face disfigured while standing at door asking her to open the door and let me out which could've prevented further injury. Warden Hopper (FNU) is consider the security Warden who is responsible for the training of these officers

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I Rodenich Freeman am seeking a 500,000.00 Relief for Punitive damages pain and suffering, any and all other reliefs that the court seen deeded and just as well.

Signed this 6 day of July

, 20 15

R. Freeman 104446 833 West Street
Holly Springs, NC
 Signature of plaintiff, prisoner number and address of plaintiff 38635

I declare under penalty of perjury that the foregoing is true and correct.

7-6-15
 (Date)

R. Freeman
 Signature of plaintiff

I am Roderick Freeman #104446

Bring forth this Administrative Remedy Request

Because on March 4th 2015 approx 6:50 pm

a (MTC) Management & Training Corporation

Female officer name S/O McConnell a

unit-5 (Five) employee at (EMCF) East

Mississippi Correctional facility hired 3 other

Inmates to take my life. Terrance

Dobbins, Marques Wiggins, Trent Cooper who

jumped, Beat me with Broom sticks and

Stomach while she watched and the

Zone pelco system shows the proof

I was rushed to Anderson hospital

for emergency surgery from the injuries

and lost a lot of blood. I wish that the below

Relief be granted. End of Statement.

Relief Sought: I am this Administrative

Remedy Request I ask that all parties be

Lawfully charge for all action against me

Ranging from S/O McConnell to All three

Inmates, Dobbins, Wiggins and Cooper as

We continue the steps to Courts

#104446

R. Freeman

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

ARP-2

NUMBER CMCF - 15 - 771

FIRST STEP RESPONSE FORM

Exhibit-B

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: Roderick Freeman 104446 CMCF
Inmate's Name and DOC# Housing Unit

FROM: Lt Ricks CMCF
Person to whom 1st Step is Directed Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

An investigation was done into the matter and
charges were brought up on those found to
be responsible.

[Signature] 4-28-15
Signature Date

☒ I am not satisfied with this response and wish to proceed to Step Two.

REASON:

Please see the attached exhibit

☐ I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

[Signature] 104446 May 22 2015
Inmate's Signature DOC# Date

Inmate's - COPY

I Roderick Freeman #104446 am not satisfied with this Administrative Remedy Response and wish to proceed to step two because of the following reasons below...

A) An investigation was done into the matter charges were brought up on those found to be responsible yet it doesn't state who the investigator listed to be held responsible when needless to point out, my statement of fact along with the Camara show the role of all three inmates who participated in the assault, using weapons whether shanks or broomsticks to draw blood and swelling to my face and body.

B) Also the response didn't mention if the Correctional officer Ms. McConnell who played the most deadliest and responsible role in the assault, by staging the attempt on my life as retaliation from a verbal dispute that lead to her holding a conversation with the main assailant and pointed in my direction at me. My statement of fact shows she & Ms. McConnell lead me into a danger zone she created therefore she needs to be inside the responsible circle who the charges were filed on. Because I under no circumstances had a issue nor problem with the inmates themselves and without her staging the assault or having a retaliatory motive surely would not have happen. This suspect should be or should be seriously investigated. Because she also reminded the assault and where tried to assist me when she saw my face injured nor when she saw/witness me bleeding. The 5-22-15

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

EMCF 15-771
Second Step Response Form

Exhibit C

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

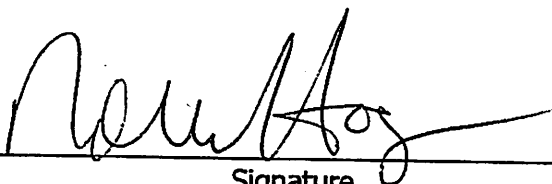
Inmate's Name & #: Roderick Freeman #104446
Location: CMCF

From: Warden N. Hogans
Title: Facility Warden

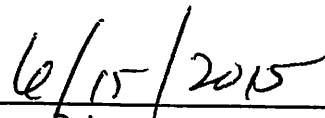
Your request for Administrative Remedy has been received and reviewed in this office on March 20, 2015 concerning your claim of officer hired offenders to assault you.

As stated in your First Step Response, an investigation was done and charges have been filed on the officer and offenders that were responsible for the assault.

I trust that I have answered your concerns pertaining to your complaint and you consider this matter closed.

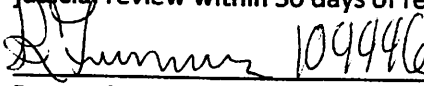


Signature



Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.

 104446 6-20-15

Inmate's Signature DOC # Date